

County: Clarendon

Facility Type: Adult Day Care

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
BRANCO ADULT DAYCARE CENTER 248 COMMERCE ST MANNING, SC 29102-2637 FAC.#:803-435-9780 WITHERSPOON, ANGELA D PH#: 803-435-9780 Facility Email: BRANCOAW@YAHOO.COM	Clarendon / Ltd. Liability 238 COMMERCE ST MANNING, SC 29102-2637 BRANCO ADULT DAYCARE CENTER LLC ADC-0253 / 04/30/2014	53
Number of Participants:		53

Totals For Facility/License Type: Adult Day CareNumber of Activities/Facilities licensed: 1 Number Licensed Units: 53

Division of Health Licensing

County: Clarendon

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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DORCH COMMUNITY RESIDENTIAL CARE 3955 GREELEYVILLE HWY MANNING, SC 29102-6000 FAC.#:803-473-4681 SCOTT, WILLA MAE PH#: Facility Email: Not on File	Clarendon / Partnership PO BOX 122 MANNING, SC 29102-0122 EVELYN DORCH LEWIS AND ANDREW DORCH CRC-1078 / 04/30/2014	13
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Alzheimer Care:Yes	Max # Resident:3	Alzheimer Unit: No	Max # Beds: 0
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Certifications:None

VANGUARD RESIDENTIAL SERVICES I 100 E HOSPITAL ST MANNING, SC 29102-3158 FAC.#:803-435-2330 RILEY, ROSALYN E PH#: 803-435-2330 Facility Email: THOMMYSCOTT@YAHOO.COM	Clarendon / Non-Profit Corporation PO BOX 40 MANNING, SC 29102-0040 VANGUARD RESIDENTIAL SERVICES INC CRC-1313 / 06/30/2014	8
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Alzheimer Care:No	Max # Resident:0	Alzheimer Unit: No	Max # Beds: 0
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Certifications:None

VANGUARD RESIDENTIAL SERVICES II 512 S CHURCH ST MANNING, SC 29102-3122 FAC.#:803-435-2330 RILEY, ROSALYN E PH#: 803-435-2330 Facility Email: THOMMYSCOTT@YAHOO.COM	Clarendon / Non-Profit Corporation PO BOX 40 MANNING, SC 29102-0040 VANGUARD RESIDENTIAL SERVICES INC CRC-1314 / 06/30/2014	8
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Alzheimer Care:No	Max # Resident:0	Alzheimer Unit: No	Max # Beds: 0
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Certifications:None

Totals For Facility/License Type: Community Residential Care Facility

Number of Activities/Facilities licensed: <u>3</u>	Number Licensed Units: <u>29</u>
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County: Clarendon

Facility Type: Home Health

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
CLARENDON MEMORIAL HOME HEALTH 619 S MILL ST MANNING, SC 29102-3167 FAC.#:803-435-4494 OSTEEN, CAROL LEE PH#: 803-435-4494 Facility Email: COSTEEN@CLARENDONHEALTH.COM	Clarendon / District 619 S MILL ST MANNING, SC 29102-3167 CLARENDON HOSPITAL DISTRICT HHA-0141 / 01/31/2014	1

Counties Served: Clarendon

License Restrictions:

Physical Therapy: Y Speech Therapy: Y Occupational Therapy: Y Med. Social Services: Y
Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N

Other:

Totals For Facility/License Type: Home HealthNumber of Activities/Facilities licensed: 1 Number Licensed Units: 1

Division of Health Licensing

County: Clarendon

Facility Type: Hospital or Institutional General Infirmary

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
CLARENDON MEMORIAL HOSPITAL 10 E HOSPITAL ST MANNING, SC 29102-3153 FAC.#:803-435-8463 FRYE, EDWARD R PH#: 803-435-8463 Facility Email: DWHETSELL@CLARENDONHEALTH.COM	Clarendon / District PO BOX 550 MANNING, SC 29102-0550 CLARENDON HOSPITAL DISTRICT HTL-0012 / 07/31/2014	81
Licensed Beds: General: 81 Psychiatric: 0 Rehab: 0 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 0		

Certifications: Perinatal Level I

TURBEVILLE CORRECTIONAL INSTITUTION INFIRMARY 1578 CLARENCE COKER HWY TURBEVILLE, SC 29162-9419 FAC.#:803-896-3100 BLACKWELL, STEPPNAY PH#: Facility Email: Not on File	Clarendon / State PO BOX 210382, SCDOC-ACCOUNTS PAYABLE COLUMBIA, SC 29221-0382 SC DEPT OF CORRECTIONS HTL-0901 / 10/31/2014	8
Licensed Beds: General: 8 Psychiatric: 0 Rehab: 0 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 0		

Certifications: None

Totals For Facility/License Type: Hospital or Institutional General InfirmaryNumber of Activities/Facilities licensed: 2 Number Licensed Units: 89

Division of Health Licensing

County: Clarendon

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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LAKE MARION NURSING FACILITY 1527 URBANA RD SUMMERTON, SC 29148-8929 FAC.#:803-485-2317 MILES, ANETTE C PH#: 803-478-2323 Facility Email: AMILES@CLARENDONHEALTH.COM	Clarendon / District PO BOX 1159 SUMMERTON, SC 29148-1159 CLARENDON HOSPITAL DISTRICT NCF-0736 / 01/31/2014	88
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Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

WINDSOR MANOR 5583 SUMMERTON HWY MANNING, SC 29102-5217 FAC.#:803-478-2323 GILLEY, JOHNNIE P PH#: 000-000-0000 Facility Email: AMILES@CLARENDONHEALTH.COM	Clarendon / District PO BOX 1230 SUMMERTON, SC 29148-1230 CLARENDON HOSPITAL DISTRICT NCF-0737 / 01/31/2014	64
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Licensed Beds: Nursing Home: 64 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type:Nursing HomeNumber of Activities/Facilities licensed: 2 Number Licensed Units: 152

County: Clarendon

Facility Type: PSAD Outpatient

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
CLARENDON BEHAVIORAL HEALTH SERVICES 14 N CHURCH ST MANNING, SC 29102-3502 FAC.#:803-435-2121 KIRVEN, ARVILLA A PH#: 803-435-2121 Facility Email: CCCADA@CLARENDONBHS.COM	Clarendon / County PO BOX 430 MANNING, SC 29102-0430 CLARENDON COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE OTP-0048 / 02/28/2014	1

Certifications:None

Totals For Facility/License Type: PSAD OutpatientNumber of Activities/Facilities licensed: 1 Number Licensed Units: 1

Division of Health Licensing

County: Clarendon

Facility Type: Renal Dialysis

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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FMC DIALYSIS SERVICES LAKE MARION	Clarendon / Corporation	13
20 BUFF BLVD	20 BUFF BLVD	
SUMMERTON, SC 29148-9448 FAC.#:803-485-2341	SUMMERTON, SC 29148-9448	
LEA, SUSAN PH#: 803-485-2341	BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC	
Facility Email: Not on File	ERD-0099 / 02/28/2014	

Licensed Stations: Hemodialysis: 13 Peritoneal: 0

FRESENIUS MEDICAL CARE MANNING	Clarendon / Corporation	21
3107 SUMTER HWY	3107 SUMTER HWY	
MANNING, SC 29102-9090 FAC.#:803-505-2121	MANNING, SC 29102-9090	
GEORGE RN, CRYSTAL PH#:	BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC	
Facility Email: Not on File	ERD-0181 / 06/30/2014	

Licensed Stations: Hemodialysis: 21 Peritoneal: 0

Totals For Facility/License Type: Renal Dialysis

Number of Activities/Facilities licensed: 2 Number Licensed Units: 34

Number of Activities/Facilities licensed in county of Clarendon # Lics: 12
 Number Licensed Units : 359

Report Totals

Total Number of Activities/Facilities licensed 12 Total Number Licensed Units: 359